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| **The Queen Elizabeth Hospital King’s Lynn**  **Foundation Trust**  **Membership Application Form** | | | | | | | | | | | | | |
| Our QEH Members receive the Trust's monthly newsletter via email and occasional emails about important Trust matters. Members are invited to attend members’ meetings, special events, focus groups and engage with our Governors’ Council to help shape our services. As a member you can vote in Governor elections and stand for election to our Governors’ Council. Your level of engagement is your choice. | | | | | | | | | | | | | |
| The QR code takes you straight to our online application to our membership database. You can also use this website link <https://bit.ly/QEHBecomeAMember> or complete this form and return it to us at the address overleaf. | | | | | | | | | |  | | | |
| **\***Title, First Name & Surname: | | | | | | | | | | | | | |
| **\***Address  **\***Postcode: | | | | | | | | | | | | | |
| Mobile |  |  | | **\***Email |  | |  | | | | | |
| Landline |  |  | | **\***Date of Birth (you must be over 16) | | | …………/…………/………. | | | | | |
|  | | | | | | | | | | | | | |
| **The information below helps us to better understand our membership, thank you.** | | | | | | | | | | | | | |
| White (W) British | | |  | Asian / Asian British - Indian | | | | | | |  | |
| White Irish | | |  | Asian / Asian British – Pakistani | | | | | | |  | |
| White (any other) | | |  | Asian / Asian British – Bangladeshi | | | | | | |  | |
| Black/Black British Caribbean | | |  | Asian / Asian British – Any other | | | | | | |  | |
| Black/Black British African | | |  | White & Black Caribbean | | | | | | |  | |
| Any other | | |  | White & Black African | | | | | | |  | |
|  | | |  | White & Asian | | | | | | |  | |
| Prefer not to state | | |  | Any other mixed | | | | | | |  | |
|  | | | | | | | | | | | | | |
| Have you been a patient or a visitor to the Trust in the last three years? Please tick the box(es) | | | | | | Inpatient | |  | | Carer |  | |
| Outpatient | |  | | Visitor |  | |
|  | | | | | | | | | | | | | |
| Do you have a disability? Yes/No | | | Is your disability? Please tick the box(es) below: | | | | | | | | | |
| Physical | |  | Sensory | | | |  | | Mental Health | |  | |
|  | | | | | | | | | | | |
| I consent for my information be included on the FT membership database and I agree to be bound by the rules of the organisation. I live within the Trust’s area or have been a patient or carer living out of the area. | | | | | | | | | | | |
| The Trust is required to keep a public register of members (name & constituency only).  Do you consent for your name to appear on this register? | | | | | | | | | | | |

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| Member information is stored on the membership database in compliance with current UK data protection legislation. It is secure, confidential and only used to contact you about the Trust or in respect of your FT Membership. Members of the Foundation Trust do not receive special benefits in terms of care or treatment. |

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| Please tell us below if you have any areas of special interest in the Hospital? |
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| **Please used the QR code or return the completed form by email to** [FT.Membership@qehkl.nhs.uk](mailto:FT.Membership@qehkl.nhs.uk) | **or by post to:**  Foundation Trust Membership Office  The Queen Elizabeth Hospital King’s Lynn, Gayton Road, King’s Lynn, PE30 4ET |
| **You can use this link to join online:**  <https://bit.ly/QEHBecomeAMember> | **If you have any queries, please contact**  **Sarah Renwick on:**  **Phone**: FT Office on **01553 613142**  **Email**: [FT.Membership@qehkl.nhs.uk](mailto:FT.Membership@qehkl.nhs.uk) |

**\*Required information**

**Thank you and welcome to the QEH Membership**